

Navy Region Hawaii
MORALE, WELFARE AND RECREATION DEPARTMENT
PACIFIC MISSILE RANGE FACILITY
BEACH COTTAGE APPLICATION
Ph: 808-335-4752 Fx: 808-335-4769

(Please read the cottage policy prior to completing, Print or type clearly.)

Date: _____

Sponsor (last name, first): _____

Branch of Service: _____ Rank/Rate/Grade: _____ Active ___ Retired ___

Command/Dept/Div: _____

Work Address: _____ Work Phone: () _____

Home/Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cell/Pager: () _____

Dates Requested: _____ #of Nights: _____

Alternate Dates: _____ # of Nights: _____

If all dates are booked, would you like to be placed on the standby list? Yes ___ No ___

Names of all family members/guests :

(Max. 6 people-2 bdrm cottage)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

(Max 8 people-3 bdrm cottage, ranks of 06 and above only)

7. _____

8. _____

Please check

Deposit/Payment Method: Cash Amt. \$ _____ Check # _____ & Check Amt \$ _____

Credit Card # _____ Exp _____ Type _____

**COTTAGES MAY NOT BE USED AS A PARTY FACILITY. VIOLATION OF THIS POLICY
MAY AFFECT YOUR CONSIDERATION FOR FUTURE BOOKINGS.**

I HAVE READ AND UNDERSTAND THE BEACH COTTAGE POLICY.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

OFFICE USE ONLY: Phone/Mail/ Walk-In/Email (circle one) ITT Agent: _____ Date: _____
CXPL _____ COT HOP: _____ POV: _____ R/REG _____ NOAC: _____ CHKIN/OUT TIME: _____
C# _____ Check In _____ Check Out _____ Daily Rate _____ 50% _____

